

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Ippolito

Mailing Address 3 Gorham Lane

City

Dix Hills

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.12746

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Johnson

Mailing Address P.O. Box 115

City

Malone

State

NY

Zip Code

12953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alice Hyde Hospital

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.13029

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dean Johnston

Mailing Address 127 Perry Road

City

N. Bangor

State

NY

Zip Code

12966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alice Hyde Medical Center

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.13027

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....